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<b>Application Number</b>	16/099,634
<b>Filing Date</b>	03/15/2002
<b>First Named Inventor</b>	Michael P. Whelan et al
<b>Title</b>	A MORTISE DETECTING SHAFT FOR USE WITH AN ELECTRO-MECHANICAL SURGICAL DEVICE
<b>Art Unit</b>	3770
<b>Examiner Name</b>	Philip Robert Smith
<b>Attorney Docket Number</b>	H-PM 60070 (1800-20)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/06) submitted herewith or filed on \_\_\_\_\_.

**SIGNATURE of Applicant or Assignee of Record**

Signature

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Date

9/26/11

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Title and Company

Assistant Secretary

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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